

NHS North Cumbria Clinical Commissioning Group
Primary Care Commissioning Committee
Terms of Reference
May 2018

1. Introduction

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in schedule 2 to these terms of reference to NHS North Cumbria CCG. The delegation is set out in Schedule 1.
- 1.2 NHS North Cumbria CCG (the CCG) has established this Primary Care Commissioning Committee (the Committee). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.3 It is a Committee comprising representatives of the following organisations:
- NHS North Cumbria CCG
 - NHS England
 - Cumbria County Council – Health and Wellbeing Board
 - Healthwatch Cumbria

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary medical care commissioning functions set out in schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical care services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a Committee of the Governing Body in accordance with schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in North Cumbria, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS North Cumbria CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act.

3.5 This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design

of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch / remedial notices, and removing a contract);

- Newly designed enhanced services ('local enhanced services' and 'directed enhanced services');
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g., returner / retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in North Cumbria;
- b) To undertake reviews of primary medical care services in North Cumbria;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning of primary medical care services in North Cumbria.

4. Geographical Coverage

4.1 The Committee will cover the geographical area of North Cumbria CCG.

5. Membership

The Committee shall consist of:

a. Core Voting Members:

CCG Governing Body Chair - Lay Member (Chair)
CCG Governing Body – Lay Member for Public Engagement (Vice Chair)
CCG Governing Body – Lay Member for Quality & Performance
CCG Governing Body Nurse Representative
Accountable Officer
Chief Finance Officer
Director of Primary Care

Caveat: No person can be a voting member if they are practicing in General Practice within the CCG boundaries (see 4.1 above). In such an instance the voting member will become a non-voting member.

b. Non-Voting Members:

The GP Lead for Primary Care
Up to Two GP ICC leads

Primary Care Nurse

c. In attendance (Non- Voting):

NHS England

Healthwatch Cumbria

Cumbria County Council Health and Wellbeing Board

Local Medical Committee (LMC) representative

Patient Participation Group (PPG) network representative

d. Others in attendance (Non-Voting):

CCG General Practice Commissioner

CCG Primary Care & ICC Senior Administrator

Other representatives may be invited to attend as deemed necessary by the Chair.

6. Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders. The CCG Primary Care and ICC Senior Administrator will act as secretary to the Committee, and will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

7. Quorum

7.1 The quorum of the Committee shall be at least three voting members one of which shall be the Chair or Vice Chair of the Committee.

8. Frequency of Meetings

8.1 Meetings of the Committee will be held on a bi-monthly basis or as business dictates.

8.2 In the event of a decision needing to be made between meetings, and at the discretion of the Chair, it will be possible for the Committee to meet "virtually" in order for a decision to be made. All voting members of the Committee should be canvassed for their decision. The same voting and quorum arrangements shall apply as if the decision were made in full Committee. The use of this provision should be used infrequently.

8.3 Meetings of the Committee shall:

- a) be held in public, subject to the application of 23(b);
- b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.4 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

8.5 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.6 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.7 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders.

8.8 The Committee will present its confirmed minutes to the area team of NHS England and the Governing Body of the CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.5 above.

8.9 The CCG will also comply with any reporting requirements set out in its constitution.

8.10 It is envisaged that these terms of reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

9.1 The Committee will be a Committee of the Governing Body and therefore be accountable to the Governing Body and subject to the CCG's scheme of reservation and delegation.

9.2 For the avoidance of doubt, in the event of any conflict between the terms of this scheme of delegation and terms of reference and the Standing Orders or Standing Financial Instructions of any of the members, the latter will prevail.

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| 10. Procurement of agreed services |
| 10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement will be set out in the delegation agreement. |
| 11. Decisions |
| <p>11.1 The Committee will make decisions within the bounds of its remit.</p> <p>11.2 The decisions of the Committee shall be binding on NHS England and NHS North Cumbria CCG.</p> <p>11.3 In the case of low level decisions that may arise from time to time, the Chair shall use his/her discretion in making a decision in isolation. Should the Chair choose to make a decision in this way then they will report this to the next Committee meeting from ratified.</p> |
| 12. Standards of Business Conduct and Conflicts of Interest |
| <p>12.1 Members of the Committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the CCG's Constitution and the Business Code of Conduct Policy.</p> <p>12.2 Declarations of interest will be a standing item on all meeting agendas.</p> <p>12.3 Members and attendees who have any direct/indirect financial or personal interest in a specific agenda item will declare their interest. The Chair of the meeting will decide the course of action required, which may include exclusion from participation in the discussion and/or the meeting for the duration of the discussion dealing with the item for which a declaration has been made.</p> <p>12.4 All declarations of interest and actions taken in mitigation will be recorded in the minutes.</p> |
| 13. Approval and Review |
| <p>Date reviewed: March 2018</p> <p>Date approved by Committee: March 18</p> <p>Date approved by Governing Body: April 2018</p> <p>Date to be reviewed: March 2019</p> |